2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000093526						,	• •	
1. Entity Name AUTO MOBILE WINDOW TINTING, INC.					06 DEC 2	O AHII	: 18	
Delegand Plane at Business		Mailing Addrago			SECRETARY OF STATE			
Principal Place of Business 740 NE 147 ST		Mailing Address 740 NE 147 ST			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
N. MIAMI, FL 33161		N. MIAMI, FL 33161 US				,,		
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2. Principal Place of Business	s 3	. Mailing Address		 				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			12182006	REIN-P.	CR2E098 ((11/05)
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City & State		City & State			4. FEI Number Applied For Not Applied For Not Applied For			Not Applicable
3 Zip Country		Zip Count		itry			□ \$8 .	.75 Additional
							Fee Fee	Required
6. Name an	nd Address of Current Reg	istered Agent		Nama	7. Name and	Address of New R	tegistered Age	nt
RAMIREZ, ERIK				Name				
740 NE 147 ST				Street Address (P.O. Box Number is Not Acceptable)				
N. MIAMI, FL 33161								
				City			FL]	Zip Code
8. The above named entity s		purpose of changing its	register	ed office or register	red agent, or bot	h, in the State of Flo	orida. I am fami	liar with, and accept
the obligations of registere	ear agrent.					17	12	~ /
SIGNATURE SUF						/~	-18-	06.
Signature, typed & p	printed name of registered agent and	te d'applicable. (NOTI	E: Register	ed Agent signature requi	red when reinstating)		DATE	
FILE NOW!!! FE After January 1, 2007						in accordance v corporation did	with s. 607,193 not receive th	3(2)(b), F.S., the se prior notice.
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIF	RECTORS IN 11
TITLE O		☐ Delete	TITLI	· 1				Change
NAME RAMIREZ, ERIK			NAM		000082679570 12/20/0601040005 **150.00			
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NAME			NAM				_	
STREET ADDRESS				EET ADDRESS				
CiTY-ST-ZIP	<u> </u>	PI A		∕-ST-ZIP		Madda Orini	V	
12. I hereby certify that the indicated on this report of	ar sunniemental renort is tau	e and accurate and that (mv siana	iture shall have the	same legal effec	t as it made under	oain: inai i am a	an officer or director
of the corporation or the changed, or on an attact	receiver or trustee empowe hopent with an address, with	red to execute this report all other like empowered	as requi	ired by Chapter 60	/, Florida Statute	s; and that my nam	ne appears in Bl	DCK TU OF BIOCK 11 if
	8 V V					10_18	1-0h.	
SIGNATURE: Date Daytime Phone 6								
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